

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/58/354

FILING DATE

APPLICATION

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5	1						55						
6		0					56						
7	1						57						
8	1						58						
9		1					59						
10		3					60						
11	1						61						
12		1					62						
13		1					63						
14	1						64						
15		1					65						
16		2					66						
17		2					67						
18		2					68						
19		0					69						
20		0					70						
21		0					71						
22		0					72						
23		1					73						
24		2					74						
25	1						75						
26	1						76						
27		1					77						
28		0					78						
29	1						79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	28	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	37						TOTAL CLAIMS						

Best Available Copy